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Office of Detention Oversight
Unannounced Compliance Inspection
Enforcement and Removal Operations
ERO Salt Lake City Field Office

Henderson Detention Center
Henderson, Nevada

August 23-25, 2022

UNANNOUNCED COMPLIANCE INSPECTION
of the
HENDERSON DETENTION CENTER
Henderson, Nevada

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COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a unannounced compliance inspection of the Henderson Detention Center (HDC) in Henderson, Nevada, from August 23 to 25, 2022.¹ The facility opened in 1994, and is owned by City of Henderson, NV and operated by Henderson Police Department. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at HDC in 2009 under the oversight of ERO’s Field Office Director (FOD) in ERO Salt Lake City. The facility operates under the National Detention Standards (NDS) 2000 (Revised September 20, 2000).

ERO has assigned Deportation Officers and Detention Service Manager to the facility. A Captain Maria Bellow handles daily facility operations and is supported by █████ personnel. City of Henderson provides food services, Naphcare provides medical care, and Keefe Commissary provides commissary services at the facility. The facility does not hold any accreditations from outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	████
Average ICE Population ³	████
Adult Male Population (as of August 23, 2022)	████
Adult Female Population (as of August 23, 2022)	████

During its last inspection, in Fiscal Year (FY) 2022, ODO conducted an inspection of HDC and found 37 deficiencies in the following areas: Admission and Release (1), Correspondence and Other Mail (2), Detainee Transfers (10), Detention Files (3), Emergency Plans (1), Environmental Health and Safety (2), Funds and Personal Property (1), Hunger Strikes (1), Issuance and Exchange of Clothing, Bedding and Towels (1), Medical Care (1), Post Orders (6), Recreation (1), Suicide Prevention and Intervention (1), and Voluntary Work Program (6).

¹ This facility holds male and female detainees with security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of August 1, 2022.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as "deficiencies." ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with "C" under the *Compliance Inspection Findings* section of this report.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an average daily population (ADP) of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1-9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility's new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each unannounced compliance inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO's findings inform ICE executive management in its decision-making to better allocate resources across the agency's entire detention inventory.

⁴ ODO reviews the facility's compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS (NDS) 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Detainee Services	
Admission and Release	0
Correspondence and Other Mail	2
Detainee Classification System	0
Food Service	0
Funds and Personal Property	0
Issuance and Exchange of Clothing, Bedding and Towels	0
Recreation	1
Voluntary Work Program	0
Sub-Total	3
Part 2 - Security and Control	
Detention Files	3
Detainee Transfers	2
Emergency Plans	1
Environmental Health and Safety	3
Post Orders	2
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	11
Part 3 - Health Services	
Hunger Strikes	0
Medical Care	1
Suicide Prevention and Intervention	1
Sub-Total	2
Total Deficiencies	16

⁵ For greater detail on ODO's findings, see the *Unannounced Compliance Inspection Findings* section of this report.

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

⁷ Special reviews and unannounced inspections are both focused reviews and ODO will review a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

DETAINEE RELATIONS

ODO interviewed 19 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Admission and Release: Two detainees stated the facility performed a strip search during intake.

- Action Taken: ODO reviewed the detainees' detention files and found the facility documented the reason for the strip searches on the detainees' identification cards, with a supervisor's signature. The reason justified both strip searches.

Detainee Handbook: Four detainees stated they did not receive either the ICE National Handbook or the facility handbook during intake.

- Action Taken: ODO reviewed the detainees' inmate movement cards and found signed acknowledgment forms of receiving both handbooks for each detainee. ODO ensured this detainee was re-issued a new ICE National Detainee Handbook and Facility specific handbook on August 24, 2022.

Medical Care: One detainee stated he requested medical services for his kidney stone pain, but facility medical staff did not treat his pain.

- Action Taken: ODO reviewed the detainee's medical file and found on April 15, 2022, he received an ultrasound, and on May 13, 2022, received an MRI to identify the kidney stone. On August 14, 2022, medical staff evaluated the detainee for a urinary tract infection and prescribed 500 mg of antibiotics and 500mg of Naproxen two times per day, seven days per week as treatment for his infection and pain. ODO interviewed the HSA and found he is currently pending ICE/ERO decision as there are no medical specialists available to treat his kidney stone issue in the Las Vegas area. ODO interviewed SDDO Bradshaw who confirmed that ICE/ERO is aware of this circumstance and is currently coordinating next steps with the field medical coordinator for additional treatment. ODO received no timeframe to when ICE/ERO will have a resolution. On September 7, 2022, ODO reached out to the facility for an update, but has not received a response yet.

Medical Care: One detainee stated he needed eyeglasses because his eyesight was weak. He stated the facility gave him blurry eyeglasses. He wants his original eyeglasses that are in his property.

- Action Taken: ODO interviewed director of nursing and she stated she would submit a sick call request for the detainee. On August 24, 2022, the nurse performed a visual acuity test and found the detainee's vision was 20/30. The detainee had an appointment scheduled on August 26, 2022. On September 7, 2022, ODO reached out to the facility for an update, but has not received a response yet.

Staff-Detainee Communication: Two detainees stated they had checks in their property that they

wanted to deposit.

- Action Taken: ODO interviewed the detention standards compliance officer (DSCO) and found the facility does not deposit checks for detainees. The DSCO explained detainees can release the check to a family member for them to deposit on the detainee's behalf. On August 24, 2022, the DSCO spoke with both detainees regarding their options with the check.

Staff-Detainee Communication: One detainee stated she wanted to add an attorney's number for a private call.

- Action Taken: On August 23, 2022, ODO spoke with the DSCO, and he stated the facility would add the number to the attorney call list therefore the facility will not monitor the calls. On the same day, the facility added the attorney's number and notified the detainee.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO interviewed an acting lieutenant and reviewed the detainee handbook and postings in the booking area and found the notification did not clearly state that it is the detainee's responsibility to inform senders of special mail of the labeling requirement. The notification also did not state that identity documents may be used by the INS as evidence (**Deficiency COM-5⁸**). **This is a repeat deficiency.**

Corrective Action: The facility updated the notification posting in the booking area as well as the housing units to include the missing information and provided ODO with a copy of the updated notification. The facility replaced the old postings with the new posting, signed by administrative lieutenant (**C-1**).

ODO interviewed an acting lieutenant and reviewed the detainee handbook and found the City of Henderson's postal service operates Monday-Thursday. As a result, if a detainee submits correspondence on Thursday after 5 PM, the correspondence is not delivered to the postal service the day after it is received (**Deficiency COM-10⁹**). **This is a repeat deficiency.**

RECREATION (R)

ODO interviewed an acting lieutenant and reviewed the recreation yard schedule and found the facility did not provide each detainee access to outdoor recreation five days a week. Specifically, housing units one and two only had access to outdoor recreation three days a week. (**Deficiency R-3¹⁰**).

SECURITY AND CONTROL

DETENTION FILES (DF)

ODO reviewed 25 detention files and found that 25 out of 25 files included the classification level of the detainee, however 0 out of 25 contained copies of receipts for items issued to the detainee.

⁸ "The notification shall clearly state that it is the detainee's responsibility to inform senders of special mail of the labeling requirement;

The notification will state that identity documents, such as passports, birth certificates, etc., are contraband and may be used by the INS as evidence or as otherwise appropriate." See ICE NDS 2000, Standard, Correspondence and Other Mail, Section Notification.

⁹ "Outgoing correspondence shall be delivered to the postal service no later than the day after it is received by facility staff or placed by the detainee in a designated mail depository, excluding weekends and holidays." See ICE NDS 2000, Standard, Correspondence and Other Mail, Section Processing.

¹⁰ "If outdoor recreation is available at the facility, each detainee shall have access for at least one hour daily, at a reasonable time of day, five days a week, weather permitting." See ICE NDS 2000, Standard, Recreation, Section (III)(B)(1).

Specifically, copies of receipts for items issued to the detainee are contained on a movement card that is not kept within the detention file. **(Deficiency DF-1¹¹). This is a repeat deficiency.**

ODO reviewed 25 detention files and found that 25 out of 25 files excluded contents required by the standard. Specifically,

- b. 25 out of 25 files excluded Classification Work Sheet;
 - d. 25 out of 25 files excluded Housing Identification Card;
- (Deficiency DF-9¹²). This is a repeat deficiency.**

ODO interviewed DCT and reviewed 25 detention files and found that 25 out of 25 files excluded documentation of strip searches in the files. OffenderTrak, the facility's logging system, contains details of why the detainee is placed in disciplinary and/or administrative segregation. The facility uses Inmate Movement Cards to document strip searches which stays in the possession of the detainee until his/her release from HDC. **(Deficiency DF-13¹³). This is a repeat deficiency.**

DETAINEE TRANSFERS (DT)

ODO interviewed facility staff and reviewed 25 detention files and verified the transfer notification is not placed in the detainee's detention file **(Deficiency DT-13¹⁴). This is a repeat deficiency.**

ODO interviewed facility staff and found the facility still transfers a detainee without obtaining the A-file. **(Deficiency DT-36¹⁵).**

EMERGENCY PLANS (EP)

ODO reviewed the facility's contingency plans and interviewed the accreditation officer and found the facility compiled 13 out of 14 individual contingency plans; however, ERO Salt Lake City did not approve the 13 individual contingency plans. Additionally, the facility did not compile an individual contingency plan for Service wide Lockdown **(Deficiency EP-93¹⁶). This is a repeat deficiency.**

¹¹ "The file will contain the classification level and any copies of receipts for items issued to the detainee." *See* ICE NDS 2000, Standard, Detention Files, Section (III).

¹² "The file will, at a minimum, contain the following:

b. Classification Work Sheet;

d. Housing Identification Card" *See* ICE NDS 2000, Standard, Detention Files, Section (III)(B)(1)(a-f).

¹³ "During the course of the detainee's stay at the facility, staff will add documents associated with normal operations to the detainee's detention file without prior approval, e.g.:

f. Strip search forms" *See* ICE NDS 2000, Standard, Detention Files, Section (III)(C)(1)(a-g).

¹⁴ "A copy of the transfer notification sheet will be placed in the detainee's detention file." *See* ICE NDS 2000, Standard, Detainee Transfers, Section (III)(A)(3).

¹⁵ "If the sending field office has been unable to obtain the A-file, that detainee should not be transferred to another field office until such time as the file is located." *See* ICE NDS 2000, Standard, Detainee Transfers, Section (III)(D)(1).

¹⁶ "All facilities will compile INS approved individual contingency plans, as needed, in the following order:

13. Service wide Lockdown" *See* ICE NDS 2000, Standard, Emergency Plans, Section (III)(D)(1-14).

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the emergency generator test reports from April 2022 through August 2022 and found monthly tests of the emergency electrical generator did not last 30 minutes. The facility has a waiver granting HDC permission to complete the emergency generator tests monthly rather than biweekly and last at least 30 minutes rather than one hour; however, the tests of the emergency generator from April 2022 through July 2022, lasted between 10 to 20 minutes per test. The emergency generator test for July 2022 through August 2022 lasted for over an hour (**Deficiency EHS-78¹⁷**). **This is a repeat deficiency.**

ODO interviewed the HSA and reviewed the daily sharps inventory and found the facility did not keep an inventory of those items that pose a risk, such as sharp instruments, syringes, and scissors. Specifically, ODO found a pair of bandage scissors on a crash cart located in the clinic hallway and the facility did not document the scissors on the daily sharps inventory (**Deficiency EHS-111¹⁸**).

Corrective Action: ODO observed inventory document for the bandage scissors in the crash cart inventory book. Inventory sheet was placed in the book on August 25, 2022 and item was inventoried. (C-2).

ODO interviewed the health services administrator (HSA) and reviewed the daily sharps inventory and found the facility did not check the inventory weekly (**Deficiency EHS-112¹⁹**).

POST ORDERS (PO)

ODO interviewed the HDC accreditation officer and reviewed 10 HDC post orders and found HDC did not have a written policy providing official time for personnel to read the applicable PO upon assuming a new post (**Deficiency PO-6²⁰**). **This is a repeat deficiency.**

ODO interviewed the HDC accreditation officer and reviewed 10 HDC post orders and found HDC did not have a written policy to ensure all officers read applicable PO's. (**Deficiency PO-7²¹**). **This is a repeat deficiency.**

¹⁷ "The biweekly test of the emergency electrical generator will last one hour. emergency generator waiver dated March 19, 2021, and approved by ERO on April 2, 2012" See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

¹⁸ "An inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(Q)(1).

¹⁹ "This inventory will be checked weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(Q)(1).

²⁰ "Each facility shall implement a written policy providing official time for personnel to read the applicable post orders upon assuming a new post." See ICE NDS 2000, Standard, Post Orders, Section (III)(B).

²¹ "All facilities shall have written procedures to ensure that all officers read applicable post orders." See ICE NDS 2000, Standard, Post Orders, Section (III)(B).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed 25 detainee medical records and found 1 of 25 records did not contain a signed and dated consent form from the detainee before any medical examination or treatment. Specifically, a detainee was administered a psychotropic medication without the consent form. **(Deficiency MC-101²²). This is a repeat deficiency.**

SUICIDE PREVENTION AND INTERVENTION (SPI)

ODO reviewed suicide watch logs for two detainees on suicide watch and found staff observation of imminently suicidal detainees by medical or detention staff did not occur no less than every 15 minutes for both detainees. Specifically, ODO found 128 instances on the suicide watch logs where staff observation of the detainees occurred between 16 and 173 minutes. **(Deficiency SPI-17²³).**

²² "The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(L).

²³ "Observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes." *See* ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(C).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2000 and found the facility in compliance with 10 of those standards. ODO found 16 deficiencies in the remaining 9 standards.

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2008 and found the facility in compliance with 10 of those standards. ODO found 16 deficiencies in the remaining nine standards. ODO recommends ERO Salt Lake City work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO's last inspection of HDC in April 2022. ODO has not received the uniform corrective action plan for ODO's last inspection of HDC which occurred in April 2022.

Compliance Inspection Results Compared	Prior Inspection FY 2022 (NDS 2000)	Current Inspection FY 2022 (NDS 2000)
Standards Reviewed	23	19
Deficient Standards	14	9
Overall Number of Deficiencies	37	16
Repeat Deficiencies	3	11
Areas Of Concern	19	0
Corrective Actions	0	2
Corrected Deficiencies	N/A	N/A
Facility Rating	Acceptable/Adequate	Failure